MARTINY & ASSOCIATES
LOUISIANA
ETHICS A COMPSTRATION &
CANGALIN FINANCE
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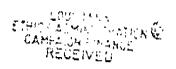
#### LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

The state of the s
I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.
ORIGINAL REPORT This Report Covers Calendar Year: 2016
□ AMENDED REPORT
FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY ]]
A final reports must be filed on or before May 15 of the year in which your service to that office ends.  Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.
OFFICE/POSITION HELD: State Senator-District 10
NAME OF FILER (print full name): Daniel R. "Danny" Martiny
Mailing Address: 131 Airline Drive, Suite 201
City, State, Zip: Metairie, LA 70001
NAME OF SPOUSE(if applicable)(print full name): Maureen Martiny
Spouse's Occupation: Housewife/Part-time Clerk
Spouse's Principal Business Address: #3 Sago
City, State, Zip: Kenner, LA 70065
CHECK ALL THAT APPLY
☐ I have filed my state income tax return for the previous year.
I have filed for an extension of my state income tax return for the previous year.
☑ I have filed my federal income tax return for the previous year.
I have filed for an extension of my federal income tax return for the previous year.
have filed for an extension of my federal income tax return for the previous year.
I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.
CERTIFICATE OF ACCURACY
I do hereby certify that the information contained in this personal financial disclosure statement is true
and correct to the best of my knowledge, information, and belief.
Jest Cl
Signature of Filer

NO. 947 P. 3 NO. 797 P. 2



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#### LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

<u>I IER Z PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)</u>
I currently hold an office that would require me to file a Tier 2-1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.
☐ CORIGINAL REPORT This Report Covers Calendar Year: 2014
FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY ]]) A final reports must be filed on or before May 15 of the year in which your service to that office ends. Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.
OFFICE/POSITION HELD: JEFFERSON PARISH COUNCI/-DISTRUCT 4 - CONDIDATE  NAME OF FILER (print full name): DANIEL R. "DANIES " MARTINY  Mailing Address: 131 RINIAUE DRIVE SUITE 20)
NAME OF FILER (print full name): DANIEL R. " DANIES " MARTIN
Mailing Address: 131 AMINE PRINE SUITE 201
City, State, Zip: WETRIRIE LA 70001
NAME OF SPOUSE(if applicable)(print full name): Manner MANTING
Spouse's Occupation: That seale Pant Time Clear
Spouse's Principal Business Address: # 3 Spgo Ke
City, State, Zip: KERAGA UA 70065
CHECK ALL THAT APPLY  I have filed my state income tax return for the previous year.  I have filed for an extension of my state income tax return for the previous year.  I have filed my federal income tax return for the previous year.
124 have filed for an extension of my federal income tay return for the provider and the first file and the file of the file o
I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.
CERTIFICATE OF ACCURACY
I do hereby certify that the information contained in this personal financial disclosure statement is true
and correct to the best of my knowledge, information, and belief.
Signature of Filer O

NO. 947 P. 4
NO. 797 P. 3

#### LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

## Schedule A: Employment Information

Check it not applicable	) 
Offiler □Spouse	☑Full-Time ☐Part-Time
Name of Employer:	ontiny of ASSOCIATES LLC
Job Title:	MAGING PARTIES, LLC
	ATTORNEY
□Filer □Spouse	□Full-Time □Part-Time
Name of Employer:	MARITIMY & ASSOCIATES LLC
Job Title:	MANTING & ASSOCIATES LLC
}	Clerian
☑Filer □Spouse	Full-Time Part-Time
Name of Employer:	-ouisianA STATE Scalate
Job Title:	SCARTOR STATE SCRATE
Job Description:	LEGISLATOR
∏Filer □\$pouse	□Full-Time □Part-Time
Name of Employer:	
Job Description:	
∏Filer □Spouse	□Full-Time □Part-Time
Name of Employer:	
Job Title:	
Job Description:	

You are required to disclose employment information related to both you and your spouse (if applicable).

<sup>\*</sup> List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

Self-employment information is reported on Schedule B.

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NO. 797 P. 4

#### LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

#### Schedule B: Positions - Business

Check if not applicable	<del>.</del>	
□Filer □Spouse	□ Both	
Amount of Interest:	100	%
Name of Business:	Maries 1 185	DEMTES LIC
Address: ノ	31 AIRING	Da. (1) TE 20)
City, State, Zip:	METOLALE	, 4- 70001
Business Description:	NTOWNEYS	
Nature of Association:	regn	Jet 70001
□Filer □Spouse	□Both	
Amount of Interest		%
City, State, Zip:		
Susiness Description:		
Vature of Association:		
□Filer □Spouse	□Both	
mount of Interests		%
lame of Business:		
Address:		
City, State, Zip:		
usiness Description:		
ature of Association:		

<sup>\*</sup> You are required to complete SCHEDULE 8 if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

NO. 947 P. 6

NO. 797 P. 5

### LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

# Schedule C: Positions - Nonprofit

□Filer □Spouse	
Name of Organization:	
Address:	
City, State, Zip:	
Nature of Association:	
Description of Organization:	-
☐Filer ☐Spouse	
Name of Organization:	
Address: City, State, Zip:	
City, State, Zip:	
Nature of Association:	
Description of Organization:	
□Filer □Spouse	
Name of Organization:	
Address:	
Address:  City, State, Zip:  Nature of Association	
Nature of Association:	
Description of Organization:	

<sup>\*</sup>You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.

NO. 947 P. 7 NO. 797 P. 6

LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

# Schedule D: Other Offices/Positions Held

☐ Check if not applicable			
Name of Office/Position:	LouisiMA	STATE SONADOR	
Name of Office/Position:			·
Name of Office/Position:			
Name of Office/Position:			

<sup>\*</sup> You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

NO. 947 P. 8 NO. 797 P. 7

### LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule E: Immovable Property

Check if not applicable (where the value of the interest in the parcel exceeds \$2,000)
□Filer □Spouse
Location of Property:
State: LOUISIONO Parish/County: JEFTENSIN
Description of Property: RESIDENCE - LZZ CAMBNER DR. KONNEY  Value of the Interest in the Parcel:  Category I (less than \$5,000) Category II (\$5,000-524,999)  Category III (\$25,000-\$100,000) Category IV (more than \$100,000)
□Filer □Spouse ☑Soth
Location of Property:  State: Florible Parish/County: FERDISO  Description of Property: 10 5/0 ; 11 strates f in Condomination  Value of the Interest in the Parcel:  Category I (less than 55,000)   Category II (155,000, 224,000)
Category III (\$25,000-\$100,000)
□Filer □Spouse □Both
State: MSS15[1PP] Parish/County: Warkock
Description of Property: Court Alus Av
Value of the Interest in the Parcel:  Category I (less than 55,000)  Category II (\$25,000-\$24,999)  Category III (\$25,000-\$100,000)
]Filer □Spouse □Both
ocation of Property:
State: Parish/County:
Description of Property:
alue of the Interest in the Parcel:
Category I (lass than 55,000) Category II (\$5,000-\$24,999)
Category III (525,000-5100,000) Category IV (more than \$100,000)
ou are required to disclose the location by the

the location by state and parish/county,

You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

NO. 797

## LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

# Schedule F: Income from the State, Political Check if not applicable Subdivisions, and/or Gaming Interests

Filer	Shows Str.
Name of Inco Name of Inco Name of Inco Amount of MFiler Type of Inco Name of Inco Address Address Address	Spouse Musiness(where amount of interest exceeds 10%)  Come: State State Subdivision Gaming Interest  Business(if applicable): MATINY 1 ASSUCINES LCC  Income Source: FEFFENSEN PALISII Sheriffs OFFICE  Areas: 1233 Westbar Electrify  A, State, Zip: Marvey, Lp. 7025 V  Income (exact dollar amount): \$ 13,328 ov  Spouse Business(where amount of interest exceeds 10%)  Income: State Political Subdivision Gaming Interest  Insiness(if applicable): 501 F  Come Source: Lovisiann State Senior  Ess:
City, S	ncome (exact dollar amount): \$ 40 266,56
· · · · · · · · · · · · · · · · · · ·	ne:     State   Political Subdivision   Gaming Interest
ame of Inco Addres	me Source:
City, St	ate, Zîp:
	COME (exact dollar amount): \$

<sup>\*</sup> You are required to complete SCHEDULE Fif you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received

<sup>&</sup>quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

<sup>&</sup>quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance

The definitions for (and examples of) political subdivision, gaming interest, and business are found in the instructions Section Revised December 2016

NO. 947 P. 10 NO. 797 P. 9

### LOUISIANA BOARD OF ETHICS

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# Schedule G: Income Received from Employment

Spiler   Spouse   Full-time   Part-time   Name of Employer:   MAPTING   PESOLIDED   LLC	Check if not applicable	
Name of Employer: MAM ING 1 15 SOLITORS LUC- Address: 131 Ind/NL DR. SV; TE 201  City, State, Zip: MCT INIE, LA. 7000)  Nature of services (pursuant to such employment): LEGOT  Amount of Income: Category I (ess than \$5,000)		
Nature of services (pursuant to such employment): LEGAL  Amount of Income: Category I (ess than \$5,000) Category II (\$5,000-\$24,999)  Category III (\$25,000-\$100,000) MCategory IV (more than \$100,000)  Category III (\$25,000-\$100,000) MCategory IV (more than \$100,000)  City, State, Zip: MATHY I MSQUATES LUC  Address: J3 A) A) AJME Da. Su, Te 24 i  City, State, Zip: METO IN C UR. 7000)  Nature of services (pursuant to such employment):  Amount of Income: Category I (ess than \$5,000) Category IV (more than \$100,000)  Category III (\$25,000-\$100,000) Category IV (more than \$100,000)  City, State, Zip:  City, State, Zip:  ature of services (pursuant to such employment):  mount of Income: Category II (such employment):	Name of Employer: MAPTING 1 ASSOCIATED LLC	
Nature of services (pursuant to such employment): LEGAL  Amount of Income: Category I (ess than \$5,000) Category II (\$5,000-\$24,999)  Category III (\$25,000-\$100,000) MCategory IV (more than \$100,000)  Category III (\$25,000-\$100,000) MCategory IV (more than \$100,000)  City, State, Zip: MATHY I MSQUATES LUC  Address: J3 A) A) AJME Da. Su, Te 24 i  City, State, Zip: METO IN C UR. 7000)  Nature of services (pursuant to such employment):  Amount of Income: Category I (ess than \$5,000) Category IV (more than \$100,000)  Category III (\$25,000-\$100,000) Category IV (more than \$100,000)  City, State, Zip:  City, State, Zip:  ature of services (pursuant to such employment):  mount of Income: Category II (such employment):	Address: 131 AIRING DR. SUITE 20)	
Nature of services (pursuant to such employment): \( \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City, State, Zip: MCTFINE, LA 7000)	
Category III (525,000-\$100,000)   Category IV (more than \$100,000)    Filer		
Filer   Spouse   Full-time   Part-time     Name of Employer:   MMS MY   ASSOCIATES   LCC     Address:   J3   A)   R Jule   Da.   Su, fe vo     City, State, Zip:   MTO   R   CR.   7000     Nature of services (pursuant to such employment):     Amount of Income:   Category I (less than \$5,000)   Category II (\$5,000-\$24,999)     Category III (\$25,000-\$100,000)   Category IV (more than \$100,000)     Filer   Spouse   Pull-time   Part-time     Name of Employer:   Address:     City, State, Zip:     State of Services (pursuant to such employment):     State of Income:   Category IV (more than \$100,000)     State of Services (pursuant to such employment):	L_1 Category III (\$25,000-\$100,000)	
Name of Employer:  Address:    31   A)   A   A   D   D   D   D   D	Filer MSpouse Figure	
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,989)  Category III (\$25,000-\$100,000) Category IV (more than \$100,000)  Filer Spouse Full-time Part-time  Name of Employer:  Address:  City, State, Zip:  Category II (\$5,000-\$24,989)  Category IV (more than \$100,000)	ame of Employer: MANTO MY / ASSOCIATES LICE	
Amount of Income: Category I (less than \$5,000)	Address: 131 Arkline Da	
Amount of Income: Category I (less than \$5,000)	City, State, Zip: NETOINE LA DROW	
Address:  City, State, Zip:  Category II (such as \$5,000)  Category III (\$5,000-\$24,999)  Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)	ature of services (pursuant to such employment):	
Filer	nount of Income: Category I (less than \$5,000)	
Address:  City, State, Zip:  ature of services (pursuant to such employment):  mount of Income:   City	iler Spouse Full-time Spart-time	
City, State, Zip:  ature of services (pursuant to such employment):  nount of Income:	me of Employer:	
ature of services (pursuant to such employment):	Address	
nount of Income:	City, State, Zip:	
nount of Income: Clares Va	are of services (pursuant to such employment):	
	Dunt of Income: Category I (less than \$5,000) Category II (\$5,000,\$24,699)	
Category III (\$25,000-\$100,000) Category IV (more than \$100,000)		

You are required to complete SCHEDULE G to disclose the income received by you or your spouse for each full-time or part-time employment position held.

<sup>&</sup>quot;income" (for an individual) means taxable income and shall not include any income received pursuant to a life

Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.

<sup>\*</sup> Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.

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NO. 797 P. 10

## LOUISIANA BOARD OF ETHICS

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# Schadula I. Other Income

M Check if not applicable (any other income that	Other Income of exceeds \$1,000)
☐Filer ☐Spouse  Description of Income:	
Nature of services rendered or reason income was re	ceived:
Amount of Income: Category I (less than \$5,000)	Category II (\$5,000-\$24,999)
Filer Spouse Description of Income:	Category IV (more than \$100,000)
ature of services rendered or reason income was rec	erved:
Amount of Income: Category I (less than \$5,000)	Category II (\$5,000-524,999)
Amount of Income: Category I (less than \$5,000)  Category III (\$25,000-\$100,000)  Filer Spouse	
Category III (\$25,000-\$100,000)	Category II (\$5,000-524,999) Category IV (more than \$100,000)

You are required to complete SCHEDULE I if you or your spouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded \$1,000.

<sup>&</sup>quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance

<sup>\*</sup> You are not required to report income that is derived from child support and alimony payments contained in a court order, or \* Income that is reported on SCHEDULE F, G, or H does not have to be restated on SCHEDULE I.

<sup>\*</sup> Income from retirement accounts not reported on Schedule F should be included on Schedule I.

NO. 947 P. 12

NO. 797 P. 11

## LOUISIANA BOARD OF ETHICS

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The Check if not applicable	Schedule J: Investment holding the	ment Holdi	ngs
□Filer □Spouse Name of Security:	DBoth COMMON STOCK -		BANK
Description of Security	: BANK STUCK		,
□Filer □Spouse Name of Security:	□Both		
Description of Security:			
□Filer □Spouse Name of Security:	∐Both		
Description of Security:			

<sup>\*</sup> You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security

<sup>\*</sup> You are not required to disclose variable amulties, variable life insurance, variable universal life insurance, whole life Insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts,

<sup>\*</sup> You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument. Revised December 2016

MARTINY & ASSOCIATES

NO. 947 P. 13

NO. 797 P. 12

### LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule K: Transactions  (a transaction that exceeds \$5,000)			
☐Filer ☐Spouse ☐Both  Transaction Date:  Description of Transaction:			
Amount of Transaction: Category I (less than \$5,000)  Category III (\$25,000-\$100,000)	☐ Category II (\$5,000-\$24,999) ☐ Category IV (more than \$100,000)		
☐Filer ☐Spouse ☐Both  Transaction Date:  Description of Transaction:			
Amount of Transaction: Category I (less than \$5,000)	Category II (\$5,000-\$24,999) Category IV (more than \$100,000)		
□Filer □Spouse □Both  Transaction Date:  Description of Transaction:			
1 1 Cata	Category IV (25,000-\$24,999)  Category IV (more than \$100,000)		

\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

<sup>\*</sup> You are required to complete SCHEDULE K if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (when the value of the transaction exceeded \$5,000 in the previous calendar year).

NO. 797 P. 13

## LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

# Schedule L: Liabilities

Check if not applicable	(a liability that exceeds \$10,000)
Name of Creditor: L/E/Address:	LOS FARGO FERRO HOME IN THE
City, State, Zip:  Name of Guarantor (Ifapplicab	ALLYS TEXAS
□Piler □Spouse	
Name of Creditor:	
Address:	
City, State, Zip: Name of Guarantor (Happlicable	e):
□Filer □Spouse	
Name of Creditor-	
Address:	
City, State, Zip: Name of Guarantor (If applicable)	):
□Filer □Spouse	
Name of Creditor:	
Address	
City, State, Zip:	
Name of Guarantor (If applicable):	

<sup>\*</sup>You are required to complete SCHEDULE Lif you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting

You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

eyou are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spoute for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse

You are not required to displose any loan by a licensed financial institution which loans money in the ordinary course of business. You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a

<sup>\*\*</sup>Consumer Credit Transaction\* in R.S. 9:3516(13) Incans a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq. Revised December 2016

NO. 947 P. 15 NO. 797 P. 14

### LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

# Schedule M: Positions - Business

Check in	f not applicable	(to be completed by member Ethics Board, and the admir	rs of the Ethics Adjudicatory Board and istrator of the Ethics Administration)
□Filer	□\$pouse	□Both	
Name of B	usiness:	<u> </u>	
Add	droca.		
City	7, State, Zip:		
1			
Nature of A	lssociation:		
Amount of	Interest:	%	
□Filer	Spouse	□Both	
Name of Bu	siness:		
Addı	ress:		
ſ	• —		
Amount of I	nterest:	%	
□Filer	∏Spouse	□Both	
Name of Bus	iness:		
Addre			
City, S	tate, Zip:		
Nature of Ass	ociation:		
Imount of Int	terest;	%	

\* Information disclosed on SCHEDULE 8 does not have to be restated on SCHEDULE M.

<sup>\*</sup> You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

<sup>\*</sup> You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership. \* "Basiness" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

NO. 797 P. 15

## LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

Check if not applicable

## Schedule N: Income from the State and/or Political Subdivisions

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Spouse Business
e: State   Political Subdivision
ess (if applicable).
ess (if applicable):
me (exact dollar amount): \$  pouseBusiness
<u></u>
pouse     Business
□State □Political Subdivision
S (if applicable):
Source:
Source:
, Zip:
, Zip: e (exact dollar amount): \$
USE TRUSINES
State Political Subdivision
(if applicable)-
(if applicable):
üp:
exect dollar amount): \$  mplete SCHEDULE N If you are a member of the Ethics Adjudication, Resolution of the Ethics Adjudication.

ete SCHEDULE N If you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

<sup>\*</sup> You are required to disclose all income received by a business in which you or your spouse received regardless of the

<sup>\* &</sup>quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

<sup>\* &</sup>quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance

<sup>\*</sup> Information disclosed on SCHEDULE F does not have to be restated on SCHEDULE N.

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#### LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

## Schedule O: Income from a Governmental Entity

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Check if not applicable Ethics Board, and the administrator of the Ethics Administration)
□Filer □Spouse
Name of Governmental Entity:
Nature of Contract/Sub-Contract:
Value (of thing of economic value) Derived:
□Filer □Spouse
Name of Governmental Entity:
Nature of Contract/Sub-Contract:
Value (of thing of economic value) Derived:
□Filer □Spouse
Name of Governmental Entity:
Nature of Contract/Sub-Contract:
Value (of thing of economic value) Derived:
□Filer □Spouse
Name of Governmental Entity:
Nature of Contract/Sub-Contract:
Value (of thing of economic value) Derived:

<sup>\*</sup> You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

<sup>\*</sup>You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

<sup>&</sup>quot;You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

\*"Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).